

EMERGENCY MEDICAL TECHNICIAN RECERTIFICATION COURSE APPLICATION

SPONSORED BY:

ERIE COUNTY DEPARTMENT OF HEALTH – EMERGENCY MEDICAL SERVICES DIVISION

1. Fill out the application on the reverse side of this page.
2. If you are NOT a member of a Fire/Ambulance Agency or an employee of a Municipal EMS Service THERE IS A FEE FOR THE COURSE. Enclose a **MONEY ORDER OR CERTIFIED CHECK** (Payable to the Erie County Health Department) for the full amount, dated the day the course starts, and enclose it with your application. **COST = \$425.00**
3. Be sure to indicate the course you wish to enroll in by checking the corresponding box on the application.
4. PLEASE DO NOT CALL THE EMS OFFICE TO VERIFY ENROLLMENT! You will be contacted prior to the start of class ONLY if the course you select has been filled and you are to be reassigned to a second choice.
5. Please submit your application as soon as possible. Courses that reach full enrollment prior to the deadline will be closed.
6. If you have any questions, please call the EMS office at 681-6070.

YOU WILL NOT RECEIVE COLLEGE CREDIT FOR THE FOLLOWING COURSES

#	LOCATION	DAYS	DATES	TIMES
221	EAST AMHERST VFC	Thurs	1/27/05- 6/16/05	7pm – 10:00pm (Some times may vary slightly)
222	NEWSTEAD VFC	Tues-Thurs	1/4/05- 5/19/05	7pm – 10:00pm (Some times may vary slightly)
223	HILLCREST VFC	Tues-Thurs	1/11/05- 6/16/05	7pm – 10:00pm (Some times may vary slightly)
224	SNYDER VFC <u>CONTACT I/C, DAN @ 675-1457 FOR YOUR EMT BOOK REQUIREMENT</u>	Tues-Thurs	1/27/05- 6/16/05	7pm – 10:00pm (Some times may vary slightly)

****ALL NYS FINAL WRITTEN EXAMS ARE HELD ON THURSDAYS AT 7 PM**

DEADLINE FOR APPLICATIONS IS JANUARY 7, 2005

CHECK OUR WEB SITE FOR UPDATES: <http://www.erie.gov/>

There is a challenge EMT Recert course built into every recertification course. Anyone who has ever been NYS Certified can challenge regardless of how long your card has been expired. The challenge written examination will be administered at the first session. The instructor will inform you how to proceed to challenge the NYS Practical Exam.

RETURN APPLICATIONS TO:

Emergency Medical Services
3359 Broadway
Cheektowaga, New York 14227
OR FAX TO: 681-5256

**EMERGENCY MEDICAL TECHNICIAN RECERTIFICATION W/DEFIBRILLATION COURSE
APPLICATION**

FAX 681-5256

PLEASE PRINT OR TYPE

NAME			
ADDRESS			
CITY, STATE, ZIP			
HOME PHONE			
WORK PHONE			
YOUR AGENCY		AGENCY #	

COURSE # DESIRED: ☐ 221 ☐ 222 ☐ 223 ☐ 224

I understand that:

1. Successful completion of the course requires attendance at all sessions and achievement of a passing grade.
2. Purchasing the *Brady Ninth Edition Emergency Care* textbook is my responsibility. The approximate cost of the textbook is \$60.00.
3. EMS work is strenuous. The EMT course will require me to physically exert myself. I will consult my physician if I have any doubts about my ability to perform these tasks.

APPLICANT'S SIGNATURE _____ **DATE** _____

**RETURN TO THE EMERGENCY MEDICAL SERVICES OFFICE NO LATER THAN
JANUARY 7, 2005**

Emergency Medical Services Providers active on EMS units or employees of municipal EMS services are entitled to take tuition free courses. It is the responsibility of the student to provide the completed NYS Verification of Membership Form as proof of participation in an agency with a NYS EMS Agency Code. (Verification of Membership Forms will be available from the Instructor/Coordinator). Those students who do not provide Verification of Membership will be billed tuition for the training course. Failure to pay the tuition will result in dismissal from the course.

Upon receipt of this application by the EMS office, the student will be notified **ONLY** if there are changes in scheduling or the enrollment is closed.

ENROLLMENT PROCEDURES REQUIRE THAT YOU BE PRESENT AT THE FIRST CLASS

PLEASE BRING YOUR EMT CARD TO THE FIRST CLASS

(EMT RECERT COURSE APPLICATION (Kg))